

06/05/2007 09:59 FAX 4017527247

US DISTRICT COURT, RI

002

Administrative Office of the United States Courts			
TRANSCRIPT ORDER			
Read Instructions on Back:			
1. NAME SHARIFA WILLIAMS		2. PHONE NUMBER 800-477-3320	
3. DATE 6/5/07			
4. MAILING ADDRESS 195 Broadway, 10th Fl.		5. CITY New York	
6. STATE NY		7. ZIP CODE 10007	
8. CASE NUMBER 00CV105		9. JUDICIAL OFFICIAL Mag. Martin	
10. FROM 12/12/02		11. TO 12/12/02	
12. CASE NAME Ungar v. Palestinian		13. CITY	
		14. STATE	
15. ORDER FOR			
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)			
PORTIONS		DATE(S)	
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Motion Hearing	
<input type="checkbox"/> BAIL HEARING		12/12/02	
17. ORDER			
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EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
CERTIFICATION (18. & 19.)			
By signing below, I certify that I will pay all charges (deposit plus additional).			
18. SIGNATURE Sharifa Williams			
19. DATE 6/5/07			

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